

# Request for Qualifications

for

## Sexual Assault Specialized Services

*July 1, 2005 - June 30, 2007*

*Due May 4, 2005*

**Department of Community, Trade and  
Economic Development**

**Office of Crime Victims Advocacy**  
906 Columbia Street SW  
PO Box 48304  
Olympia, Washington 98504-8304



# Table of Contents

<b>Introduction</b>	3
Funds Available	3
Eligible Bidders	3
Eligible Services	4
<b>The Community Planning Process</b>	5
<b>General Information and Application Deadline</b>	7
<b>Review Process</b>	8
 <b>Definition of Terms</b>	 9
 <b>Application Summary</b>	 10
 <b>Forms and/or Materials</b>	
Agency/Organization Information Form	12
Subcontractor Information Form	14
Agency Qualifications	15
Community Planning Process Narrative	16
Proposed Services	17
Sample Proposed Services	18
Proposed Services Form	19
Budget Terms and Definitions	20
Budget Justification	21
Budget Detail Worksheet	22
Training Requirements and Qualifications	28
 <b>Application Checklist</b>	 30
 <b>Attachments</b>	
Sexual Assault Service Standards – Specialized	Attachment A
Sexual Assault Service Standards – Core	Attachment B
OCVA Core Sexual Assault Training Summary for Specialized Providers ( <i>for Support Group Facilitators</i> )	Attachment C
OCVA Core Sexual Assault Training Summary for Therapists	Attachment D
Audit Requirements – Information	Attachment E
Community Planning Process: Frequently Asked Questions	Attachment F
Community Sexual Assault Programs (CSAPs)	Attachment G

# Request for Qualifications for Specialized Sexual Assault Services

Fiscal Year 2006 and Fiscal Year 2007

## Introduction

The Department of Community, Trade and Economic Development (CTED) requests qualifications for providing specialized sexual assault services as authorized by RCWs 43.280 and 70.125.

OCVA will fund projects for two years, July 1, 2005 through June 30, 2007. One-year contracts will be issued at the beginning of each fiscal year. Contracts will be awarded for July 1, 2005 – June 30, 2006 and July 1, 2006 – June 30, 2007.

Responses to this request (RFQ) must be received by CTED's Office of Crime Victims Advocacy (OCVA) no later than May 4, 2005. The original and four (4) copies are requested. This RFQ is also available online at <http://www.ocva.wa.gov>.

## Funds Available

Based on current funding levels, it is estimated that \$2,950,000 will be available **each fiscal year** for specialized sexual assault services contracts during the FY 2005-2007 biennium. This amount is tentative, as the exact funding levels for the biennium will not be known until the state budget is passed and until the federal Victims of Crime Act funding level is determined. Exact budget information will be mailed to potential applicants as soon as it is available.

Based on current funding estimates for fiscal year 2006, you should develop your budget assuming a 5% reduction of your region's current specialized services funding level. We will send you an updated regional funding distribution chart when state and federal funding levels are finalized.

Sexual Assault Specialized Services funding is allocated to regions by formula. Funds are competitive **within** each region only. RFQ responders will compete only with other responders from within their respective regions. There is no statewide competition for funds awarded via this RFQ. Applicants are strongly encouraged to participate in their region's community planning process for the prioritization of specialized services and the allocation of funds (see the Community Planning Process, pages 5-6 and 16). For regions where there is more than one contractor, applicants must ensure that their combined budgets total the region's allocation of specialized funding.

## Eligible Bidders

Eligible applicants include local governmental agencies, non-profit organizations, Tribes and tribal organizations who meet the qualifications to provide sexual assault victim services.

## **Eligible Services**

Funds awarded through this RFQ process will support Therapy, Support Groups, and Medical Social Work services to victims of sexual abuse/assault throughout the State of Washington. These three eligible services are defined as “specialized” sexual assault services and are intended to enhance the treatment and healing of sexual assault survivors and their families. Definitions and descriptions of these services are outlined in the Specialized Sexual Assault Service Standards, Attachment A. Proposed services must be delivered according to these service standards. All service activities must be consistent with the eligible activities listed in the service standards.

These funds are also available to enhance the delivery of Core Sexual Assault Services. Definitions of Core Sexual Assault Services are outlined in the Core Sexual Assault Service Standards, Attachment B. Any proposal to enhance core services with specialized funding must be based on decisions your region makes in the community planning process. Only agencies that are an accredited Community Sexual Assault Program (CSAP) are eligible for funding to provide core sexual assault services. (Core prevention services may be provided through subcontracted non-CSAP agencies.)

Contractors who elect to provide therapy services with specialized funds must bill Crime Victims Compensation and/or private insurance resources first when these resources are available and applicable. OCVA may be billed for un-reimbursed therapy costs, or for therapy services that are not billable to private insurance or Crime Victims Compensation.

## **The Community Planning Process**

Specialized Sexual Assault Services funding<sup>1</sup> is allocated regionally through a collaborative community planning process. All agencies interested in responding to this RFQ are **strongly encouraged** to participate in the region's community planning process. Through this process, individuals and agencies in a region who provide sexual assault services (or who play a role in services to victims of crime), work cooperatively with each other to identify and assess existing specialized services, prioritize gaps in specialized services and the needs of underserved communities<sup>2</sup>, and develop a mutually agreed upon plan for services. Your region's plan for specialized sexual assault services is to cover a two-year project period.

### **Elements of the Community Planning Process**

Community stakeholders should evaluate current services, identify gaps in services, and allocate specialized dollars in a way that reflects each region's specific priorities. **Regions will need to utilize a community planning process that plans for the allocation of specialized funding over a two-year period (i.e. agencies will be required to convene a process that plans for both fiscal years 2006 and 2007).** OCVA will review and rate regions' community planning processes submitted with this funding application. Processes that do not include the requirements as outlined in this RFQ will result in the region being required to repeat their process the next year. Agencies whose processes satisfy these requirements will not have to convene a community planning process until applying for fiscal year 2008 funding. These responsibilities are outlined in RCW 42.280.050, which specifies the minimum elements of the specialized services funding process.

### **The community process in each region should include:**

- **An assessment of existing specialized sexual assault services.** For example, regions are expected to review contractors' spending to-date in order to assess the extent to which funds were utilized as planned, review data submitted to OCVA in order to assess demographics and service utilization, and/or review any other available data to assess effectiveness.
- **Identification of service gaps and the needs of underserved communities.** Each region must be able to describe how gaps for specialized services were assessed, what specific gaps were identified, and the needs of underserved communities.
- **Allocation of specialized dollars in a way that reflects each region's specific priorities.** Based on a prioritization of service gaps and service needs, we expect that stakeholders will determine what specialized services are most needed and for whom, the provider(s) best suited to perform these services, and the most appropriate, cost-effective funding level for the service provider(s).

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<sup>1</sup> Specialized Services: Therapy, Support Groups, and Medical Social Work. See Service Standards for detailed descriptions. Services proposed must be consistent with these definitions.

<sup>2</sup> Underserved: Underserved refers to individuals, populations or communities for whom no treatment services exist; or there are gaps in existing services; or access to services are inhibited by barriers such as, but not limited to, race, ethnicity, culture, age, disability, sexual orientation, financial status or geographic isolation.

In recognition that specific needs may be different in each region of the state, applicants are encouraged to use their expertise and that of other providers in their community in determining local needs and designing the best approach to meet those needs. Again, it is not expected that every participant in the assessment and prioritization process will receive funding through this RFQ.

For regions where no specialized providers exist, an agency outside the region may apply to provide Specialized Services for that region, using funds allocated to the region. However, collaboration with the CSAP in that region is required. The respondent must demonstrate that qualified service providers do not exist within the region and that the proposed services will be accessible to clients of that region.

### The Role of the Community Sexual Assault Program (CSAP)

As a state-accredited sexual assault agency in their community, CSAPs have a primary mission of providing core sexual assault services. CSAPs play a leadership role in their communities by coordinating and ensuring that victims have access to services. This role is part of the Systems Coordination Services Standard, a required service in CSAPs' Core Services contracts with OCVA. Thus, CSAPs have an important role in involving stakeholders and convening the region's community planning process.

Specialized funding may be allocated to any agency or provider who meets or will meet training qualifications and can provide an eligible service. Funding is not designated solely for the region's CSAP(s). Qualified applicants should contact the CSAP in that region to get information about that region's community process. A list of CSAPs is included in Attachment G in this RFQ.

Regions should also consider including in this process community members and service providers who do not expect to receive funding, but who can provide valuable insight into the needs and priorities in the community concerning specialized sexual assault service delivery. Participants in the prioritization and planning process could include but are not limited to CSAPs, mental health providers, medical providers, school personnel, and others who play a role in sexual assault service delivery.

Proposals from regions where agreement has not been reached through a community planning process will be reviewed competitively within that region. A review panel will score all proposals received from the agencies in the region. The review panel will rate and then rank proposals against other proposals from the same region according to the criteria listed in Review Process, page 8. OCVA will make final award decisions based on the results of this review process.

## **General Information and Application Deadline**

### **Funding:**

Because funding levels in this RFQ are tentative, final funding amounts for each region will be announced as soon as the Legislative budget process is complete. Contracts are anticipated to begin July 1, 2005.

### **Billing:**

Contractors may request reimbursement for services either monthly or quarterly. Final invoices will be due no later than July 10, 2005.

### **Data:**

OCVA requires data reports for services provided. Standardized data collection forms will be mailed after the contract is finalized. Data reports are due quarterly. Final data reports will be due no later than July 10, 2005.

### **Other:**

Funding under this program shall not constitute an obligation by the State of Washington to provide ongoing funding. Applications submitted become the property of the Department and cannot be returned. The Department is not liable for any costs incurred by the Contractor in developing the application.

### **Application Due Date:**

Please send an original and four (4) copies of the complete application to:

Stephanie Condon, Program Manager  
Office of Crime Victims Advocacy  
Department of Community, Trade and Economic Development  
P O Box 48304  
Olympia, WA 98504-8304

No electronic (fax or e-mailed) applications will be accepted. All of the completed application materials must be received at the above address by **May 4, 2005**, no later than 5:00 pm. Late proposals will not be considered.

Any questions related to the RFQ should be directed to sexual assault services program staff at 1-800-822-1067.

## **Review Process**

Proposals received from a region that engaged in a community planning process to allocate funding will be reviewed to assure eligibility of services, agency and staff qualifications, and cost effectiveness. Proposals will be scored based on the following criteria:

Bidder's Qualifications	40%
Participation in Community Planning Process	25%
Proposed services	25%
Project Commitment	5%
Budget/cost proposal	5%

Proposals from regions where agreement has not been reached through a community planning process will be reviewed competitively within that region. A review panel will score all proposals received from the agencies in the region. The review panel will rate and then rank proposals against other proposals from the same region according to the criteria listed above.

Funding preferences within a competitive region will be given to well-established existing programs with a record of providing high-quality and cost-effective specialized sexual assault services and to programs whose services increase access to and availability of specialized services for victims of sexual assault/abuse in underserved or marginalized communities. The panel will then recommend projects for funding and funding levels to the Office of Crime Victims Advocacy Managing Director. All decisions by the Managing Director are final. The Department reserves the right to negotiate a final scope of work and budget with successful competitive applicants. The Office of Crime Victims Advocacy will answer questions concerning the RFQ through May 4, 2005. The Department reserves the right to reject proposals that fail to meet the requirements stated in this request for proposal.



## **Definition of Terms**

For the purpose of this RFQ, the following words/phrases are defined to clarify the Department's use of said terms.

Accreditation: A process to determine if an agency meets the Department's standards for the delivery of core sexual assault services.

Community Sexual Assault Program (CSAP): An agency or program that has been accredited as a provider of core sexual assault services in the State of Washington and is thus entitled to non-competitive funding for core services in the region in which that agency/program operates.

Core Services: Information & Referral, Crisis Intervention, Legal Advocacy, Medical Advocacy, General Advocacy, Systems Coordination, Prevention: Social Change, Prevention: Information and Awareness, and Prevention: Building Skills. See Attachment B for detailed description.

Marginalized: refers to persons in communities that include, but are not limited to, members of the lesbian, gay, bisexual, transgender, queer community; individuals with disabilities (physical, mental, developmental or other); ethnic and racial minorities; and Native American communities.

Outreach: Related to the core service of General Advocacy, outreach is follow-up contact with sexual assault victims to listen, provide information about options and referral resources, and to support the client's choices.

Region: The geographical area (one or more counties) designated by OCVA based on recommendations from the Washington State Sexual Assault Services Advisory Committee as a unit for the purposes of funding allocation.

Secondary Victim: A person who is either a family member or someone who is closely associated with the victim, and is impacted by the assault/abuse, but is not the perpetrator of the sexual abuse/assault.

Specialized Services: Therapy, Support Groups, and Medical Social Work. See Attachment A for detailed descriptions. Services proposed must be consistent with these definitions.

Tribal Organization: An organization that is administered by Native Americans and whose primary mission is to serve Native Americans.

Underserved: Underserved refers to individuals, populations or communities for whom no treatment services exist; or there are gaps in existing services; or access to services are inhibited by barriers such as, but not limited to, race, ethnicity, culture, age, sexual orientation, financial status, geographic isolation, or physical constraints.

Victim/Primary Victim: The person who has been subjected to a sex offense or an attempted sex offense, as defined by the Victim of Crime Act (VOCA) and/or WA RCW Chapter 9A.68A, 9A.44, 9A.64, and 9A.88. The terms sexual abuse and sexual assault are used interchangeably in this RFQ and refer to the broad continuum of sex offenses described in WA RCW Chapter 9A.68A, 9A.44, 9A.64, and 9A.88.

## **Application Summary**

Following is an explanation of the required forms and/or materials applicants must submit:

### **Agency/Organization Information**

Complete the Agency/Organization Information Form on pages 12 and 13. Please complete all of the information.

### **Subcontractor Information**

If this is an application with one lead agency and one or more subcontractors, you will need to complete the Subcontractor Information Form for each subcontractor, page 14.

### **Agency Qualifications**

Each agency applying for funding will need to submit a rationale for why it is the best or most appropriate entity in the community to provide these services.

### **Community Planning Process Narrative**

You must submit a narrative that describes the process and outcome of your community planning meeting(s) for allocating specialized sexual assault services funding. Please refer to pages 5-6, page 16 and/or Frequently Asked Questions (Attachment F).

### **Proposed Services**

A sample of a proposed specialized services form is on page 18. The sample represents a few of the eligible activities and could be used as an example of how to describe your proposed services. Please use this sample as a template for how to describe your proposed services. It is important that your proposed services are written clearly as they will be used to develop your contract statement of work. Please complete the form on page 19.

### **Support Group Agendas(s)**

If your agency is proposing to provide support groups, an agenda that clearly identifies goals, objectives and session topics for each type of group must be submitted with this application.

### **Budget**

On page 20 you will find budget terms and definitions. Please complete the blank Budget Detail Worksheet on pages 22-27.

### **Budget Justification**

On page 21 you will find budget justification instructions. Please provide a budget justification for expenses listed within each line item of your proposed budget.

### Training Requirements and Qualifications

All providers of specialized sexual assault services must complete initial and ongoing training requirements. These requirements are summarized on page 28. Additional information regarding training and qualifications is outlined in the Specialized Services Standards, Attachment A. Training forms may be found in Attachments C and D.

### Letter(s) of Commitment

If your agency proposes to subcontract for a specialized service, or if referrals from a particular source are important to the success of a service or project, then a Letter of Commitment from the subcontractor or the referral source is required.

Letters of commitment should be specific regarding the role of the applicant and each subcontractor or cooperating agency, and should be consistent with the information provided in the body of the response.

Letters of commitment should verify the intention of the subcontractor or participating agency to provide the identified services or resources.

***Applicants are asked NOT to submit letters of support (general written statements from other community agencies or individuals) expressing support for the applicant's request for funding.***

## Agency/Organization Information Form

All information is required.

Agency/Organization Name:		Agency Accounting Period: (Ex: Jan – Dec; Jul – Jun)	
Address:			
City:	State:	ZIP:	
<b>Applicant is:</b> <input type="checkbox"/> Local Government <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Federally Recognized Tribe <input type="checkbox"/> Tribal Organization (refer to Definition of Terms)			
<i>Mailing address (if different than above):</i>			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Primary Contact Person – and Job Title		Fiscal or Secondary Contact:	
Primary Contact's Phone:		Fiscal or Secondary Contact's Phone:	
Primary Contact's E-mail:		Fiscal or Secondary Contact's E-mail:	
Federal employer identification number:		Washington State tax registration number (UBI# if applicable):	

## Agency/Organization Information Form continued

Indicate if each facility from which the contractor will carry out the project's scope of work complies with the requirements set forth for accessibility by the Americans with Disabilities Act. If the facility currently does not meet those requirements, how would you accommodate individual's with disabilities who requested services?

For providers of Medical Social Work only, please provide the organization's Crime Victim's Compensation (CVC) provider number.

**CVC Provider Number**\_\_\_\_\_

## Subcontractor Information Form

Subcontractor Name:		
Address:		
City:	State:	ZIP:
<i>Mailing address (if different than above):</i>		
<i>City:</i>	<i>State:</i>	<i>ZIP:</i>
Phone:	Fax:	
Primary Contact Person - and Job Title:		
Primary Contact's Phone:	Primary Contact's E-mail:	
<p>Indicate if each facility from which the subcontractor will carry out the project's scope of work complies with the requirements set forth for accessibility by the Americans with Disabilities Act. If the facility currently does not meet those requirements, how would you accommodate individual's with disabilities who requested services?</p>		
<p>For providers of Medical Social Work only, please provide the organization's Crime Victim's Compensation (CVC) provider number.</p> <p><b>CVC Provider Number:</b></p>		

## Agency Qualifications

Provide information about the respondent's qualifications to deliver the proposed specialized service(s). Describe the agency's experience in providing the specialized service(s) proposed. If subcontractors are part of the proposal, include in this section background information related to their experience. In particular, why is the subcontractor the best or most appropriate entity in your community to provide these services? You may write a response below or attach your response on a separate page. Limit your response to one page or less per contractor/subcontractor.

## Community Planning Process Narrative

The configuration of services and the allocation of funding among the region's service providers should reflect the decisions your region makes in the community planning process. Each region/agency must be able to clearly describe (in writing) the following elements for its application for specialized services:

1. A description of your agency's participation in the community planning process.
2. A list of participating individuals and agencies in the community planning process.
3. A description of your region's assessment of:
  - Existing specialized services
  - Extent to which funding was utilized as planned
  - Results of this assessment
4. A description of the specialized service gaps as identified by stakeholders.
5. A description of the specialized service needs of underserved communities as identified by stakeholders.
6. A description of how specialized service gaps and service needs of underserved communities were assessed by stakeholders participating in the process.
7. A description of the process used to prioritize specialized services in the region, as well as the results of this prioritization process.
8. A description of how providers within the region were selected to provide the specialized services and how award amounts were determined. If prioritized services were not funded, please include a description of how this decision was made.
9. If the community chooses to enhance core services with specialized funds, include a description of how and why the enhancement of core services was prioritized.

Based on the decisions made through the region's community planning process, applicants may submit proposals in one of three ways:

- Joint proposal, with one agency designated as the lead agency, and one or more agencies providing services through a subcontract; or
- Joint proposal, with each agency requesting separate contracts; or
- Each applicant submits a single proposal.



## Proposed Services

### *One-Page Written Response*

Your region's plan for specialized sexual assault services is to cover a **two-year** project period. Specify which specialized service(s) you and/or any subcontractors propose to provide and the staff that will provide the services. Provide your rationale for choosing that particular service(s) and population in the context of the community planning process. **Services must be consistent with the definitions of Specialized Sexual Assault Service Standards, Attachment A, or Core Sexual Assault Service Standards, Attachment B.** You may write a response below or attach your response on a separate page. Limit your response to one page or less per contractor/subcontractor.

### *Complete The Form*

Complete a Year One Proposed Services Form for services for the first year of the biennium (July 1, 2005 – June 30, 2006). At this time next year when contracting for fiscal year 2007 (July 1, 2006 – June 30, 2007) we will ask contractors to submit a Year Two Proposed Services Form. This form must be completed with **all** of the requested information, as your contract Statement of Work will be generated from this form. Agencies who are proposing support groups must include an agenda for the group that clearly identifies goals and objectives for the group as well as session topics. If you are enhancing core services, please specify which core services will be enhanced, and approximately how many additional individuals will be served.

## Sample Proposed Services Form

<b>Type of Service</b> (Therapy, Support Group, Medical Social Work)	<b>Description of Service</b>	<b>Approximate # of people to receive service</b>
Individual Therapy	Provide individual therapy to adolescent victims of sexual assault/abuse	12
Family Therapy	Provide family therapy to families of adolescent victims of sexual assault abuse	6
Support Group	Provide two 6-week support groups for adult female victims of sexual assault	10
Support Group	Provide three 8-week support groups for adult female survivors of child sexual abuse	15
Therapy Group	Provide one 12-week therapy group for child victims of sexual abuse	8
Support Group	Provide two 6-week support groups for female adolescent victims of sexual abuse	10
Support Group	Provide one 12-week support group for parents and non-offending caregivers of child victims of sexual abuse	6
Individual Therapy	Provide individual therapy to victims and survivors of sexual assault and abuse	25
Therapy Group	Provide two 8-week therapy groups to male adolescent survivors of child sexual abuse	6
Medical Social Work	Provide medical social work services for child and vulnerable adult victims of sexual assault and abuse	25

# Proposed Services Form

[illegible]

## Budget Terms and Definitions

The budget is divided into five categories. Below are definitions for the different categories. Under each section provide a breakdown within the category that specifies the individual cost per item. For example, within "Salaries" list the names of staff members assigned to this project, their position title, the percentage of their salary that this contract will fund, and the total amount you are requesting for their salary. Within "Contracts" list all subcontractors that will receive specialized services funding and the total amount you are requesting for each subcontractor.

You may include up to fifteen percent (15%) for Indirect/Overhead costs. The percentage charged should be consistent with the agency's cost allocation plan. Indirect/Overhead costs of 15% should not be automatically calculated into the budget.

Equipment (items over \$5,000) is **not** an allowable expense under this RFQ.

**Salaries:** The cost of paying staff salaries to:

- provide direct services to clients,
- supervise employees who are providing direct services, and
- for support staff such as a bookkeeper or receptionist (this can also go into Indirect/Overhead, see the Indirect/Overhead section below).

**Benefits:** The cost of paying payroll taxes, insurance and other fringe benefits of staff listed in the Salaries category.

**Contracts:** The cost to pay individuals and/or companies to provide contracted services. Contract costs must be explained in the budget.

**Goods and Services:** A portion of the costs for the following: supplies, travel, rent, heat, telephone, Internet, and other utilities. (If there is a portion of these costs that are indirect costs, they can be charged in the Indirect/Overhead category.)

*For example, one way of budgeting shared Goods and Services costs is by using the percentage of FTEs (Full-Time Equivalencies) method.*

*For example, there are 2 staff, Mary and Anita, who will both spend 50% of their time providing services for the OCVA sexual assault contract, which equals a total of 1.0 FTE. Let's say the agency has 3 other employees who do not provide sexual assault services but whose combined % FTE equals 3.0. In this case, expenses that are 'shared,' such as rent and utilities, would be split 25:75.*

*-If the rent is \$650 a month, multiply it by 12 months (which is the length of the contract year) and then multiply it by 25%.*

*-Calculate the phone bill, utilities, and other 'shared' expenses the same way.*

Direct Goods and Services costs are those that are specific to the OCVA sexual assault contract:

*- If you must travel to assist clients, conduct outreach or attend trainings as part of your OCVA sexual assault contract, the total cost of travel would be charged to the OCVA sexual assault contract.*

**Indirect/Overhead:** This may include both facilities and administrative costs of running your organization. Administrative and facilities costs could include the salaries and benefits of an executive director, accountant and/or computer specialist, and a portion of the associated office costs for these staff such as supplies, general building and office equipment maintenance. You can include no more than 15% of your total budget amount for Indirect/Overhead costs.

**Audit Costs:** Contractors that are subject to the audit requirements, outlined in Section 1 in OCVA Contract General Terms and Conditions, may include audit costs in their budget. See Attachment E for more information on audit requirements and how to budget for costs.

NOTE: Contractors who elect to provide therapy services with specialized dollars must bill Crime Victims Compensation and/or private insurance resources first when these resources are available and applicable. OCVA can be billed for un-reimbursed therapy costs, or for therapy services, which are not billable to private insurance or Crime Victims Compensation.

## **Budget Justification**

This justification should provide OCVA with an explanation of costs you have reflected in your budget for each line item.

For example:

**Indirect/Overhead** – Rent and occupancy - \$5,000

Cost of rent, utilities, phone and maintenance for providing sexual assault services based on your agency's cost allocation plan. (The budget justification should include a description of how the percentage of shared overhead costs was calculated.)

**Goods and Services** – Printing - \$1,000

Cost to print new therapy services outreach brochures and psycho-educational support group curricula materials.

**Goods and Services** – Training - \$1,400

Cost to send six staff members working under this contract to approximately two in-state trainings annually. This includes registration, travel, lodging and meals.

**If your region has elected to enhance core services with specialized services funding, you must be explicit on your budget form about which costs will support core services.** In your budget justification, you must indicate the total dollar amount of specialized services funding that will enhance core services, and provide an explanation about what costs those funds will support.

## Training Requirements and Qualifications

Submit training documentation for therapists, support group providers and medical social work providers. Please see explanations below for more information about this requirement or Specialized Services Standards, Attachment A.

### *Therapists:*

- Therapists who have been approved by OCVA and who have been providing specialized sexual assault therapy services, must document that they received 6 hours of ongoing, sexual assault specific training in the past fiscal year (July 1, 2004 – June 30, 2005). Please document these hours under Cluster 3 on the OCVA Therapist Core Sexual Assault Training Form (Attachment D).
- Therapists who have received training on the required topics in Clusters 1 and 2 on the OCVA Therapist Core Sexual Assault Training Form but who have not been approved by OCVA, must attach a job description, resume and complete Clusters 1 and 2 on the form (Attachment D). If the therapist completed the WCSAP core therapist training complete page 2 of Attachment D (instead of Clusters 1 and 2 on the form).
- Therapists who are new to providing services under this contract and who have not had training on the required topics or previous training approved by OCVA (on Clusters 1 and 2), please attach a job description and resume and complete page 8 of the OCVA Therapist Core Sexual Assault Training Form (Attachment D) indicating the therapist's commitment and plan for completing the training.
- Please note: Therapists providing services with this funding are required to have a Master's degree. Thus, coursework in a Master-level program will not substitute for initial or ongoing training requirements.

### *Support Group Providers:*

- Providers who have been approved by OCVA and who have been providing specialized sexual assault support group services, must document that they received 12 hours of ongoing, sexual assault specific training in the past fiscal year (July 1, 2004 – June 30, 2005). **All ongoing training must be WCSAP approved.** Attach a separate page listing ongoing training (titles of workshops and hours).
- Providers who have not been approved by OCVA, must attach a job description and resume and complete the OCVA Core Sexual Assault Training form for Specialized Providers (Attachment C).

### *Medical Social Work Providers:*

- Providers who have been approved by OCVA and who have been providing medical social work services, must document that they received 12 hours of ongoing, sexual assault related training in the past fiscal year (July 1, 2004 – June 30, 2005). Attach a separate page listing ongoing training (titles of workshops and hours).

- Providers who have not been approved by OCVA must attach a job description, resume and documentation of 12 hours of initial training relevant to sexual assault.

Reminder: OCVA tracks specialized providers on-going training hours on a fiscal year (July–June) cycle.

## Application Checklist

Please use this checklist to make sure you have all required materials to send to OCVA.

\_\_\_\_\_ Agency/Organization Information Form

\_\_\_\_\_ Subcontractor Information Form, *if applicable*

\_\_\_\_\_ Community Planning Process Narrative

\_\_\_\_\_ Proposed Services

\_\_\_\_\_ Support Group Agenda(s), *if applicable*

\_\_\_\_\_ Budget Detail Worksheet

\_\_\_\_\_ Training Documentation

\_\_\_\_\_ Therapist

\_\_\_\_\_ Support Group Facilitator

\_\_\_\_\_ Medical Social Work Provider

\_\_\_\_\_ Qualification documentation (resume and job description as needed)

\_\_\_\_\_ Therapist

\_\_\_\_\_ Support Group Facilitator

\_\_\_\_\_ Medical Social Work Provider

\_\_\_\_\_ Letter(s) of Commitment, *if applicable*



## State of Washington Sexual Abuse/Assault Services Standards

	<b>SUPPORT GROUP</b>
<b>Definition</b>	Regular facilitated meetings of victims and/or secondary victims of sexual abuse/assault with a supportive and educational focus
<b>Goal</b>	To provide emotional stability and promote the understanding of the impact of sexual abuse/assault
<b>Duration</b>	1 to 2 hour average length of time per session; 1 to 4 sessions per month; 3 months to a year
<b>Activities</b>	<ul style="list-style-type: none"> <li>■ Group meetings with a planned beginning and ending date and an outcome-based, structured agenda with a primary focus on sexual abuse/assault issues.</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Adult or adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents of child sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>The facilitator must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. The facilitator must also have training in group process and interpersonal dynamics, and experience as a facilitator or co-facilitator.</p> <p>The facilitator must be supervised by a paid staff person with a minimum of a BA degree in Human Services or a related field plus two years of relevant experience <b>or</b> a combination of six years of relevant experience, education and training. The facilitator must be, or receive consultation on group process from, a Masters level therapist.</p>

## State of Washington Sexual Abuse/Assault Services Standards

	<b>THERAPY</b>	
<b>Definition</b>	A professional relationship within a theoretical framework that involves a specified helper gathering, systemetizing and evaluating information and using techniques to address the effects of sexual abuse/assault.	
<b>Goal</b>	To identify, understand and ameliorate the effects of sexual abuse/assault; to promote healing and to integrate the sexual abuse/assault experience.	
<b>Duration</b>	1 hour average length of time per session; 1 to 4 sessions per month; 3 months to several years; additional therapy could be indicated, depending on the individual case.	
<b>Activities</b>	<b>Assessment:</b> <ul style="list-style-type: none"> <li>■ Psychosocial history taking</li> <li>■ Psychological testing, or psychiatric evaluation (including mental status exam)</li> <li>■ In-person interviews with victims and/or family members</li> <li>■ Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers</li> <li>■ Report writing</li> </ul>	<b>Therapy:</b> <ul style="list-style-type: none"> <li>■ Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to sexual abuse/assault</li> <li>■ In-person visits in the office, on location or by phone</li> <li>■ Family therapy can include a <u>treated</u> sexual offender in the course of reunification</li> <li>■ Interpretation of findings and expert testimony</li> <li>■ Consultation to other disciplines/systems</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult or adolescent sexual abuse/assault victims with acute or past history of sexual abuse/assault</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim</li> </ul>	
<b>Qualifications</b>	<p>Practitioners must complete 23 hours of initial sexual abuse/assault training, plus 6 hours of ongoing sexual abuse/assault training annually. All trainings must be consistent with the OCVA therapist training standard. The practitioner must be knowledgeable about the principles of sound therapeutic practices with victims of sexual abuse/assault, including working with the continuum of sexual abuse/assault services and must understand victimization and demonstrate practices sensitive to sexual abuse/assault issues in therapy.</p> <p>Practitioners must be licensed psychiatrists or psychologists or be registered or certified professionals in the State of Washington and have a minimum of a master's degree in one or more the following: mental health counseling, marriage and family therapy, social work or related field. Practitioners who are completing an internship for a master's degree in any of the fields listed above and have completed the 23 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above. Interns must also complete 6 hours of ongoing sexual abuse/assault training annually. For practitioners conducting assessments of children, refer to the guidelines from the American Professional Society on the Abuse of Children.</p> <p>Therapists, as well as individuals conducting assessments, must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified therapist.</p>	

Revised February 2002. Effective July 1, 2002.

## State of Washington Sexual Abuse/Assault Services Standards

	<b>Social Work for Medical Evaluations of Children &amp; Vulnerable Adults</b>
<b>Definition</b>	Preparing victim for medical evaluation; preparing and passing on a complete case history for purposes of contributing to investigation.
<b>Goal</b>	To complete the medical evaluation in a manner that minimizes the traumatization of the victim and caregivers.
<b>Duration</b>	Generally one hour by phone for intake with parent/caretaker; brief calls between intake and evaluation to prepare a victim for and reduce her/his anxiety about the evaluation and investigation; one hour in-person during evaluation; and subsequent contacts, usually by phone, as needed.
<b>Activities</b>	<p>Psychosocial history-taking, including assessment of parental protectiveness and parental coping, documentation of family structure, family dynamics, and dynamics of abuse/assault as related by parent/caretaker.</p> <p>Interpretation of stages of child physical and psychosexual development, signs of stress and of child sexual assault.</p> <p>Interpretation of medical evaluation process, indications for doing lab work, and meaning of possible physical findings.</p> <p>Interpretation of law enforcement investigation process and parent/caretaker role in same, including compliance with mandated reporting.</p> <p>Interpretation of child protective services functions and parent/caretaker role in same, including compliance with mandated reporting.</p> <p>Referral to appropriate CSAP for advocacy.</p> <p>Referral to therapy resources, including explanation of and assistance with Crime Victims Compensation application.</p> <p>When appropriate, communicate directly with child or adolescent victim to allay anxiety about medical evaluation.</p> <p>Crisis counseling for the purposes of preparing victim for the medical evaluation and to pass on a complete case history for purposes of investigation.</p>
<b>Service Recipients</b>	<p>Non-offending parent/caretakers of child and adolescent victims of sexual abuse/assault.</p> <p>Child and adolescent victims.</p> <p>Vulnerable adult victims and their caretakers or care managers.</p>
<b>Qualifications</b>	Master's degree in social work or related field or licensure as a Registered Nurse, Nurse Practitioner, Medical Doctor or Physician's Assistant. Employed by or contracted with a licensed medical institution or provider. Twelve hours of initial sexual assault/abuse training, plus twelve hours per year ongoing training. Practitioners who are completing an internship for any of the fields listed above and have completed the 12 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above.

# **Core Services**

**Provided by Accredited Community Sexual Assault Programs**

**Information and Referral**

**Crisis Intervention**

**Legal Advocacy**

**Medical Advocacy**

**General Advocacy**

**System Coordination**

**Prevention: Social Change**

**Prevention: Information and Awareness**

**Prevention: Building Skills**

## State of Washington Sexual Abuse/Assault Services Standards

	INFORMATION AND REFERRAL
<b>Definition</b>	Responding 24 hours a day in person or by phone to direct requests for information or assistance related to sexual abuse/assault.
<b>Goal</b>	To provide sexual abuse/assault related information and resources.
<b>Duration</b>	Usually one time.
<b>Activities</b>	<ul style="list-style-type: none"> <li>■ Assist caller/client in evaluating what is needed</li> <li>■ Provide information verbally or in writing about available resources/services</li> </ul>
<b>Service Recipients</b>	<p>Any caller, but typically,</p> <ul style="list-style-type: none"> <li>■ Non-offending parents of child victims</li> <li>■ Victims</li> <li>■ Significant others who require assistance in order to address their own reactions to the victimization and to effectively support the victim</li> <li>■ Those whose work brings them into contact with people who have been victimized: health care, mental health, education, law enforcement, legal, social service personnel</li> <li>■ Offenders or their families</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/ assault training and has two years of relevant experience.</p>

March 1999

## State of Washington Sexual Abuse/Assault Services Standards

	<b>CRISIS INTERVENTION</b>
<b>Definition</b>	An immediately available 24-hour personal response provided in a variety of settings to an individual presenting a crisis related to sexual abuse/assault.
<b>Goal</b>	To alleviate acute distress of sexual abuse/assault, to begin stabilization, and assist in determining the next steps.
<b>Duration</b>	Short term. May be episodic.
<b>Activities</b>	<p>Activities to alleviate acute stress including:</p> <ul style="list-style-type: none"> <li>■ Information about the effects of victimization</li> <li>■ General information about medical and legal issues (Case specific information – see Legal/Medical Advocacy)</li> <li>■ Information on services available in the community</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult or adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of crisis intervention, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/ assault training and has two years of relevant experience.</p>

March 1999

## State of Washington Sexual Abuse/Assault Services Standards

	GENERAL ADVOCACY
<b>Definition</b>	Personal support and/or assistance in accessing sexual abuse/assault related services.
<b>Goal</b>	To ensure needed services and adequate support to enhance recovery from sexual abuse/assault
<b>Duration</b>	Generally, 1 to 4 times per month; 3 months to a year
<b>Activities</b>	<p>All activities and services are client-focused and case specific.</p> <ul style="list-style-type: none"> <li>■ Ongoing personal support, including outreach calls/visits (including in-patient or residential care settings)</li> <li>■ Practical help as needed; information and referrals which are case specific and client focused</li> <li>■ Ongoing, repetitive crisis intervention</li> <li>■ Arranging for services to enhance recovery (e.g., health, financial, housing)</li> <li>■ Consulting with others (such as CPS, APS, Indian Child Welfare) regarding an individual case</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Adult/adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

March 1999

## State of Washington Sexual Abuse/Assault Services Standards

	<b>MEDICAL ADVOCACY</b>
<b>Definition</b>	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
<b>Goal</b>	To assist the victim to regain personal power and control as s/he makes decisions regarding medical care and to promote an appropriate response from individual service providers.
<b>Duration</b>	May vary significantly depending upon client's medical needs as related to the sexual assault.
<b>Activities</b>	<p>All activities and services are client-focused and case specific. For general information regarding medical advocacy, see Information &amp; Referral.</p> <ul style="list-style-type: none"> <li>■ Assistance in making informed decisions about medical care and the preparations needed, including referral for possible forensic exam</li> <li>■ Information about medical care/concerns, including assistance with needed follow-up</li> <li>■ Support at medical exams and appointments</li> <li>■ Information and/or assistance with Crime Victim Compensation applications</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult/adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of medical advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/ assault training and has two years of relevant experience.</p>



## State of Washington Sexual Abuse/Assault Services Standards

	LEGAL ADVOCACY
<b>Definition</b>	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
<b>Goal</b>	To assist gaining knowledge of the criminal justice system, gain access to all avenues of participation in the legal system and to promote the responsiveness of individual legal system participants.
<b>Duration</b>	Up to several years
<b>Activities</b>	<p>All activities and services are client-focused and case specific. For general information regarding legal advocacy, see Information &amp; Referral.</p> <ul style="list-style-type: none"> <li>■ Assistance in making informed decisions about police reporting and the preparations needed, including the possibility of CVC benefits</li> <li>■ Information about the criminal justice systems, civil remedies, and Dependency, Family and Juvenile Courts, including follow-up.</li> <li>■ Support at interviews, trial and sentencing</li> <li>■ Assistance in preparing for court; informing the victim of her/his rights in legal settings</li> <li>■ Active monitoring of case through the legal system</li> <li>■ Assistance with protective/no-contact/anti-harassment orders</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult/adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of legal advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/ assault. Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.

## State of Washington Sexual Abuse/Assault Services Standards

	<b>SYSTEM COORDINATION</b>
<b>Definition</b>	Coordination of the service system entails the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of sexual abuse/assault service provision with the goal of improving service delivery
<b>Goal</b>	To operate a permanent, client-centered system which offers, or assures access to, a comprehensive continuum of specialized sexual abuse/assault services, which is mutually accountable despite individual changes over time in regulations, procedures or people who provide service.
<b>Duration</b>	An on-going process
<b>Activities</b>	<div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> <li>■ Develop partnerships</li> <li>■ Increase collaboration</li> <li>■ Assess gaps in service</li> <li>■ Foster cooperation</li> </ul> <ul style="list-style-type: none"> <li>■ Develop accountability process</li> <li>■ Develop new ways of delivering services</li> <li>■ Develop new sources of funding</li> </ul> </div>
<b>Potential Participants</b>	<div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> <li>■ Law enforcement</li> <li>■ Prosecutors</li> <li>■ Judiciary</li> <li>■ CPS</li> <li>■ Schools</li> </ul> <ul style="list-style-type: none"> <li>■ Social services (private and public)</li> <li>■ Mental health services</li> <li>■ Medical facilities/practitioners</li> <li>■ Emergency services</li> <li>■ Other relevant groups, task forces, networks and individuals</li> </ul> </div>
<b>Qualifications</b>	<p>System coordination should be initiated and led by a Community Sexual Assault Program.</p> <p>The staff and volunteers representing the Community Sexual Assault Program should represent the issues of sexual abuse/assault to the community accurately, fairly and regularly. They should understand the public policy-making process, build coalitions and articulate opinion to shape public policies that are beneficial for the organization and victims of sexual abuse/assault.</p> <p>They should commit to building community around sexual abuse/assault issues; promote effective relations among diverse agencies working with victims of sexual abuse/assault; facilitate cooperation between all of the agencies/organizations involved with victims of sexual abuse/assault.</p> <p>They also should encourage cooperation and collaboration with other organizations, seeking ways to improve services and/or reduce costs through cooperative efforts; share expertise with others to achieve partnerships; and organize and operate partnerships effectively.</p>

## State of Washington Sexual Abuse/Assault Services Standards

	<b>PREVENTION: SOCIAL CHANGE</b>
<b>Definition</b>	Promoting attitudes, behaviors and social conditions that will reduce and ultimately eliminate factors that cause or contribute to sexual violence.*
<b>Goal</b>	Impact the underlying causes of sexual violence through the shifting of ownership of solutions from social services to the community using a community development approach.
<b>Duration</b>	Varies with activities and opportunities.
<b>Eligible Activities</b>	<p>Any activities chosen from among the following must be part of a comprehensive community development plan for the prevention of sexual violence.</p> <ul style="list-style-type: none"> <li>■ Establish relationships within communities, including underserved communities</li> <li>■ Convene a community development process within a community you define and participate in its implementation.**</li> <li>■ Community networking</li> <li>■ Legislation/policy development</li> <li>■ Training</li> <li>■ Technical assistance</li> <li>■ Focus group meetings</li> <li>■ Community events</li> <li>■ Public speaking/speaker's bureau</li> <li>■ Stakeholder recruitment</li> <li>■ Advisory group formation</li> <li>■ Distribution of materials</li> </ul>
<b>Service Recipients</b>	<p><b>Stakeholders:</b></p> <ul style="list-style-type: none"> <li>■ Community stakeholders, inclusive across systems and networks within the chosen community</li> </ul>
<b>Qualifications</b>	<p>Social change efforts should be initiated and led by a Community Sexual Assault Program.</p> <p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of on-going training annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. Additionally all Prevention providers must complete the 5-hour WCSAP-approved prevention orientation or equivalent. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience. They must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.</p>

\*Sexual Violence is physical, emotional, social economic, cultural, spiritual, and/or political acts and/or behaviors that use sex and/or sexuality as tools of violence and oppression against children, youth, women and men.

\*\*See Sexual Assault Prevention Plan for Washington State, August 1997; Page 16, section "Accomplishing Change" for a description of principles central to community development.

## State of Washington Sexual Abuse/Assault Services Standards

	<b>PREVENTION: INFORMATION AND AWARENESS</b>
<b>Definition</b>	Informing the community and increasing the awareness of and knowledge about sexual abuse/assault.
<b>Goal</b>	To increase the willingness and ability of the community to take responsibility for the prevention of sexual abuse/assault.
<b>Duration</b>	Varies with activities and opportunities.
<b>Eligible Activities</b>	<ul style="list-style-type: none"> <li>■ Outreach to underserved communities</li> <li>■ Community education events</li> <li>■ Public speaking/presentations</li> <li>■ Distribution of materials</li> <li>■ Inservice training to staff, volunteers</li> </ul> <p>(See also CS-6 system coordination standard)</p>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Community groups</li> <li>■ Service providers or groups from related systems</li> <li>■ Underserved communities</li> </ul>
<b>Qualifications</b>	<p>Prevention efforts are best provided by, or under the auspices of, a Community Sexual Assault Program.</p> <p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of on-going training annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. Additionally all Prevention providers must complete the 5-hour WCSAP approved prevention orientation or equivalent. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience. They must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.</p>

## State of Washington Sexual Abuse/Assault Services Standards

	<b>PREVENTION: BUILDING SKILLS</b>
<b>Definition</b>	Programs and presentations focused on building skills within the community to prevent sexual abuse/assault.
<b>Goal</b>	To build skills and develop strategies within the community to prevent sexual abuse/assault.
<b>Duration</b>	Varies with activities and opportunities.
<b>Eligible Activities</b>	<ul style="list-style-type: none"> <li>■ Physical self-defense training</li> <li>■ Personal safety skills</li> <li>■ Skills to promote non-violent behavior</li> </ul>
<b>Service Recipients</b>	Individuals and groups in schools, faith communities, the general community such as: <ul style="list-style-type: none"> <li>■ Children</li> <li>■ Teens</li> <li>■ Parents</li> <li>■ Community members</li> <li>■ Service providers</li> </ul>
<b>Qualifications</b>	<p>Prevention efforts are best provided by, or under the auspices of, a Community Sexual Assault Program.</p> <p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of on-going training annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. Additionally all Prevention providers must complete the 5-hour WCSAP approved prevention orientation or equivalent. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience. They must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.</p>

Washington State  
Department of Community, Trade and Economic Development  
Office of Crime Victims Advocacy

## CORE SEXUAL ASSAULT TRAINING SUMMARY FOR SPECIALIZED PROVIDERS

Purpose: To ensure providers of support groups have basic (core) knowledge about the dynamics of sexual violence.

Who needs to complete this form: Individuals who are providing support group services, funded by OCVA, through a specialized services contract or subcontract.

Requirements: Document you have received a minimum of 30 hours of training in core sexual assault issues. The 30 hours must include the minimum number of hours in each cluster. **All** thirty hours of training must have been received in the past five years from the date of application.

How to document training: There are two ways to satisfy the core training requirement. 1) completion of section one; attend a 30-hour core training offered by a Community Sexual Assault Program (CSAP), or 2) complete section two; list education/training you have attended on topics covered in the core training curriculum. **Of the total 30 hours, 15 hours must be approved by the WA Coalition of Sexual Assault Programs (WCSAP).** A provider may begin to provide services under a specialized services contract after documenting a minimum of 15 hours of training in Section Two. However, the remaining 15 hours must be completed within six (6) months of this application. A six-month training plan must be described in section three.

### APPLICATION

Name: \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

### Section One

In the last five years I have completed 30 hours of WCSAP Certified Core Sexual Assault training from an Accredited Community Sexual Assault Program.	# of Hours of Training Received	Date/s of Training	Name of CSAP which provided the training	County in which training was held
<p>_____ Yes      _____ No</p> <p>(If you answered no, you <b>MUST</b> complete Section Two of this application)</p>				

I verify that all the information provided on this application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section Two

### Core Sexual Assault Training Summary

Directions: Please list the training you have received on topics in the four clusters listed below. **Each topic must be covered.** Add up the total number of training hours in each cluster.

#### Cluster #1 – Philosophical Foundations

(6 of the 30 hours of required training must be in Cluster #1)

Cluster #1	# of Hours	WCSAP Approved	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Mission/Philosophy					
Underlying Conditions Contributing to Sexual Violence					
Diversity					
Empowerment					
Ethics: <ul style="list-style-type: none"> <li>• Confidentiality</li> <li>• Boundaries</li> <li>• Conflict of Interest</li> <li>• Informed Consent</li> </ul>					
<b>CLUSTER #1 – TOTAL HOURS</b>					

**Cluster #2 – Crisis Intervention/ Support/ Information and Referral**  
**(15 of the 30 hours of required training must be in Cluster #2)**

Cluster #2	# of Hours	WCSAP Approved	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Definitions and Continuum of Sexual Violence					
Dynamics of Child, Adolescent, and Adult Sexual Assault					
Male Victimization					
Effects of Victimization					
Crisis/Trauma Theory					
Advocacy and Counseling Skills					
Listening and Communication Skills					
Cultural Competency					
Grief and Coping Skills					
Empathy					
<b>CLUSTER #2 – TOTAL HOURS</b>					



**Cluster #3 – Advocacy**  
(6 of the 30 hours of required training must be in Cluster #3)

Cluster #3	# of Hours	WCSAP Approved	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Support and Service Options for Victims					
Rights of Victims					
Crime Victims Compensation (CVC)					
Components of Legal Advocacy					
Criminal Justice Process					
Crime Reporting and Mandated Reporting					
Civil Remedies					
Civil and Criminal Court Orders					
Medical Concerns and Treatment for Sexual Assault Survivors					
Components of Medical Advocacy					
Medical Forensic Examination and Evidence Collection					
Paperwork, such as victim-impact statements, CVC forms, etc.					
Community Resources					
<b>CLUSTER #3 – TOTAL HOURS</b>					

**Cluster #4 – Working Collaboratively**  
 (3 of the 30 hours of required training must be in Cluster #4)

Cluster #4	# of Hours	WCSAP Approved	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Role Clarification and Boundaries					
Professionalism and Service Standards					
How Local Agencies are Connected and/or Interconnected					
Relationships with CPS and Law Enforcement re: Mandated Reporting					
Accessing Additional Services					
Paperwork and Documentation					
<b>CLUSTER #4– TOTAL HOURS</b>					

<b>TOTAL HOURS OF TRAINING (Clusters 1 though 4)</b>	
--	--

### **Section Three**

### **Sexual Assault Core Training Summary**

If provider has not completed the initial 30-hour Sexual Assault Core Training, but has the initial 15 hours of relevant training to begin providing services (documented above), please include a training plan for the completion of the remaining 15 hours of training. Training must be completed within 6 months of beginning to provide services. 15 of the total 30 hours must be WCSAP-approved.

I verify that all the information provided on this application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Washington State  
Department of Community, Trade and Economic Development  
Office of Crime Victims Advocacy

## CORE SEXUAL ASSAULT TRAINING SUMMARY FOR THERAPISTS

### Purpose:

**To ensure providers of specialized sexual assault therapy services have core knowledge about the dynamics of sexual violence.** This standard reflects a philosophical approach to services which emphasizes an empowerment approach to working with survivors of sexual violence. Although numerous therapeutic modalities exist, the standard focuses on the empowerment model because of the model's client-centered nature and its potential to support survivors of sexual violence in reclaiming power in their lives. Thus, services are approached from a client-centered belief that survivors possess the strengths to create growth in their lives and to construct their own meaning from their victimization experience. The empowerment approach also places survivors in the context of their environment and of society. From this perspective, clients' struggles are viewed not as individual pathology, but as the natural result of experiencing sexual violence, which is largely perpetuated by our societal context. The following training standards are intended to reflect these principles and to support therapists in empowering survivors of sexual violence.

### Who needs to complete this form:

Therapists who are providing services funded by OCVA through a specialized service contract or subcontract.

### Requirements:

Therapists who have not been approved as a specialized provider need to document they have received a minimum of 23 hours of training in core sexual assault issues.

The 23 hours must include the minimum number of hours from Cluster One and Cluster Two. Therapists providing services with this funding are required to have a Master's degree. Thus, coursework in a Master-level program will not substitute for initial or ongoing training requirements.

All 23 hours of training must have been received in the past five years from the date of application.

Therapists who have not been approved as a specialized provider will be required to obtain the minimum 23 hours of training within their first six months of their contracted work. During this first six months, these therapists can provide services to clients.

Therapists who have already been approved as a specialized provider must complete six hours of on-going training per year on topics listed in Clusters 2 and 3 of this form.

### How to Document the Training:

There are two ways to document the required initial core training hours.

- 1) completion of Section One; confirm attendance at a 23-hour therapist core training offered by the Washington Coalition of Sexual Assault Programs (WCSAP), **or**
- 2) completion of Section Two; list education/training you have attended on topics covered in the core training curriculum.

If at the time of application the therapist has not completed the 23-hour Sexual Assault Core Training, include a training plan for the completion of the remaining hours in Section 3 of this document.

**To document required on-going training hours, complete Section 2, Clusters 2 and/or 3 of this form.**

## APPLICATION

Name: \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

### Section One

In the last five years I have completed the 23 -hour Therapist Core Sexual Assault training from WCSAP.	# of Hours of Training Received	Date/s of Training	Location of training
_____ Yes _____ No  (If you answered no, you <b>MUST</b> complete Section Two of this application)			

I verify that all the information provided on this application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section Two Core Sexual Assault Training Summary

### Cluster #1 – Philosophical Foundations and Clinical Base

Therapists must obtain or demonstrate that they have received a minimum of 8 hours total of training which encompasses all of the following topics as they relate to the issue of sexual victimization. Informal trainings such as consultation or individual supervision on these topic areas will not be acceptable substitutes. This training may be received as part of a Community Sexual Assault Program – sponsored core training.

Cluster #1	# of Hours	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Dynamics of sexual victimization including sexual harassment, sexual abuse and rape				
Underlying conditions that perpetuate sexual assault				
Systems Issues (CPS, law enforcement, legal system, county protocols, related State Agencies etc) and how the client and therapist are affected by them				
Social Change Theory				
Relationship between therapy and advocacy				
Local CSAP as a resource and role of CSAP in community				
Therapists as social activists				
Sexual Assault Prevention				
<b>CLUSTER #1 – TOTAL HOURS</b>				

## Cluster #2 – Trauma Treatment/Clinical Approaches from an Abuse Perspective

Therapists must obtain or demonstrate that they have received a minimum of 15 hours total of training which encompasses all of the following topics as they relate to the issue of sexual victimization. Informal trainings such as consultation or individual supervision on these topic areas will not be acceptable.

Cluster #2	# of Hours	Date of Training	Name of Trainer/ Training	Sponsoring Organization
<b>Assessment and Treatment of the symptoms, effects and impact of sexual assault, abuse and harassment related to children, adolescents and adults.</b> A minimum of 10 hours of training must be received in this topic area which addresses the following: - PTSD & Differential Diagnosis - Research based Intervention and Treatment Plans - Sexual Development - Gender Differences - Cultural Competency				
<b>Therapeutic Environment.</b> A minimum of 2 hours of training must be received in this topic area which addresses the following: - Client/Therapist relationship boundaries - Therapist Neutrality - Establishing Safety				
<b>Vicarious Traumatization.</b> A minimum of 2 hours of training must be received in this topic area which addresses the following: - Impact on Client Relationship - Clinical Supervision and Consultation				
<b>System Issues.</b> A minimum of 1 hour of training must be received in this topic area which addresses the following: - Clarification of Clinical and Forensic Objectives and Roles - Mandatory Reporting				
<b>CLUSTER #2 – TOTAL HOURS</b>				

### **Cluster # 3 – On-Going Training**

All therapists must complete a minimum of 6 hours of sexual assault training each year following the year in which they are approved related to one or more of the topics listed below. Topics listed in Cluster 2 are also eligible subjects for this on-going training requirement. OCVA will not accept non-sexual assault specific trainings for this on-going requirement. Informal trainings such as consultation or individual supervision on these topic areas will not be acceptable substitutes.

Cluster #3	# of Hours	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Understanding juvenile and adult offender behavior				
Understanding sexually reactive behavior or sexual behavior problems of children under 12 years old				
Interfamilial sexual assault				
Trauma and brain development				
Sexual assault in the context of domestic violence				
Treatment with non-offending care-givers, partners, or family members of victims				
Issues of memory and suggestibility				
Child development and its application to victims				
Human growth and development and its application to victims				
Personality development and its application to victims				
Transference/counter transference				



### **Cluster # 3 – On-Going Training Continued**

Ethics and/or record keeping				
Differentiating diagnosis – therapeutic approaches				
Interviewing and assessing children				
Treating sexually reactive behavior in the context of abuse focused therapy				
Providing clinical supervision				
Sexuality issues of sexual assault victims				
Impact of trauma on attachment				
Dissociative disorders				
Chemical dependency and the sexual assault victim				
Reunification practice for incest families				
Group treatment				
Resiliency				
Non-cognitive behavioral approaches to treatment as they relate to sexual assault focused therapy (ie. EMDR, sand tray)				
Clinicians and the legal system: preparing clients for court and clinicians preparation for court testimony				

**Cluster # 3 – On-Going Training Continued**

Office of Crime Victims Advocacy				
Crime Victims Compensation				
Community Protocols				
Working with the medical community				
Complex cases involving multiple victims/multiple offenders				
<b>CLUSTER #3 – TOTAL HOURS</b>				

### **Section Three**

## **Sexual Assault Core Training Summary**

If the provider has not completed the 23-hour Sexual Assault Core Training, please include a training plan for the completion of the required hours of training.

**I verify that all the information provided on this application is true and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Audit Requirements – Information**

### **Audit Costs**

For Core Services funding, audit costs may only be included as an Indirect/Overhead expense (due to federal funding that is a significant portion of core sexual assault services budgets). For Specialized Services funding, audit costs may be calculated as either an Indirect/Overhead expense or Goods and Services expense.

### **Audit Requirements**

#### **OCVA CONTRACT**

#### **GENERAL TERMS AND CONDITIONS**

#### **SECTION 1. AUDIT REQUIREMENTS**

Contractors Meeting OMB Federal OMB Circular A-133 Requirements:

Contractors expending \$500,000 or more in federal funds from all sources during their fiscal year shall obtain an annual audit conducted in compliance with *OMB Circular A-133*, and the requirements of this Contract. A pro-rated share of reasonable audit costs may be charged by eligible Contractors so long as the audit cost is identified in the Contract budget that Contractors submit to the Department.

Submittal of Audit Reporting Package to the Department: Contractors shall submit a copy of their audit reporting package to the Department within nine (9) months of the end of the Contractor's fiscal year. The submittal must comply with the report submission requirements of OMB Circular A-133, section 320(e)(1) or (2).

All other Contractors:

Contractors expending less than \$500,000 in federal funds from all sources, but expending \$100,000 or more in state funds received from OCVA funds during their fiscal year, shall obtain an annual independent financial audit. The audit shall be conducted in compliance with Generally Accepted Auditing Standards (GAAS) as promulgated by the AICPA and in compliance with Generally Accepted Government Auditing Standards (GAGAS) as promulgated in Government Auditing Standards (The Yellow Book) issued by the U.S. General Accounting Office (GAO). Audits Conducted in accordance with the requirements of OMB Circular A-133 are sufficient to meet this requirement. A pro-rated share of reasonable audit costs may be charged by eligible Contractors so long as the audit cost is identified in the Contract budget that Contractors submit to the Department, and so long as the funds so allocated are from state funds only. No federal funds can be used for audit costs by Contractors who do not meet the threshold expenditure requirements of OMB Circular A-133.

**Submittal of Audit Report to the Department:**

Contractors shall forward a copy of the audit report, corrective action plan for audit findings (if applicable), and management letter (if received), to the Department for this Contract within nine (9) months of the end of the Contractor's fiscal year.

Audits of state and local government entities shall be ordinarily performed by the State Auditor's Office. Audits of not-for-profit organizations shall be performed by Certified Public Accountants. OMB Circular A-133 audits shall be performed by CPA's who meet the requirements of GAGAS and are selected in accordance with OMB Circular A-110.

If the audit was conducted in compliance with OMB Circular A-133 the audit report must include the following in addition to the audit:

- Schedule of Financial Assistance

- Data Form

- Audit Certificate

- Corrective Action Plan for Audit Findings (if applicable)

- Management Letter (if received)

Responses to any unresolved management findings and disallowed or questioned costs shall be included with the audit report. The Contractor shall respond to Department request for information or corrective action concerning audit issues within 30 days of the date of request.

Contractors shall maintain records and accounts so as to facilitate these audit requirements.

Contractors are responsible for any exceptions found by audit or other monitoring and incurred by its own organization or its subcontractors.

The Department reserves the right to recover from the Contractor all disallowed costs resulting from audit or other monitoring.

The Contractor shall include the above audit requirements in any subcontracts entered into in pursuit of this contract.

**Community Planning Process for Allocation of Sexual Assault  
Specialized Services Funding:**

***Frequently Asked Questions***

**Who should participate in the community planning process?**

Participants in the community planning process could include, but are not limited to, CSAPs, mental health and/or social service providers, medical providers, school personnel, representatives of underserved communities and others who play a role in the delivery of victims services. It is not expected that every participant in the process will receive funding through this RFQ.

**Can a CSAP use an existing sexual assault or violence against women task force as a venue for the community planning meeting?**

Yes. Existing networking or task force meetings related to sexual assault are a good mechanism for holding discussions about regional needs, priorities and the allocation of specialized funding. CSAPs should also evaluate the inclusiveness of their existing task force or community meeting and consider whether individuals at the table are representative of the community. The CSAP and task force may need to involve additional community members to make the process more inclusive. For instance, are there representatives from the school district or local mental health providers who should be involved? Are there representatives from underserved communities who do not typically attend task force meetings, but who are important partners in the provision of specialized sexual assault services? CSAPs must demonstrate attempts to include individuals who can speak on behalf of the needs of the region's underserved communities in the planning process.

**Getting people to the table for a community planning meeting can be difficult. How much effort do CSAPs have to demonstrate around gathering community representatives?**

CSAPs should make a good faith effort to convene a planning process that is inclusive and representative of the community. OCVA expects that CSAPs will make more than one attempt to contact and invite participants. These attempts could include mailed invitations, follow-up phone calls, and/or announcements at other service provider meetings. In communities where gathering in person is difficult, CSAPs might consider conducting the community planning meeting via conference call or holding several smaller meetings in different locations to increase overall participation. OCVA understands that sometimes, despite a CSAPs best efforts, few people are able to attend a

community planning meeting. In this case, CSAPs should outline their efforts to pull representatives together in their description of the community planning process.

**Can a region use a survey approach to identifying needs and prioritizing gaps?**

OCVA prefers that regions not use surveys to conduct their community planning meeting(s) unless the process for accomplishing the survey includes a mechanism for providing all participants with the results of the survey, and an opportunity to participate in decision making about funding allocations. Decisions about prioritizing needs and allocating funding should be made by the community group, not by a CSAP distributing the survey and collecting its results.

**It can be difficult to generate a list of needs in a community, and then face the reality that only a few of those needs can be addressed with specialized funding. How can we make difficult decisions about which gaps in services to fund?**

Facilitating an inclusive process that involves hard choices about service priorities can be difficult! OCVA has contracted with WCSAP to provide technical assistance to CSAPs regarding convening and facilitating their region's community planning process meeting(s). Technical assistance could involve suggestions about how to approach the prioritization process. Another helpful resource is the manual "Facilitator's Guide to Participatory Decision-Making" by Sam Kaner. You may borrow this resource from the WCSAP library.

**If our community prioritizes a need or gap in service, does that mean we are obligated to allocate funding to address that gap?**

It is very possible that your region may identify a need that is beyond the scope of the current specialized funding or the current service delivery structure in your region. In your description of your region's community planning process, please explain how your region came to the decision not to fund a particular identified priority. There should be a clear link between the services proposed in your specialized funding application and the priorities and discussion that occurred as part of your community planning meeting(s).

**Can providers apply for and provide specialized services in a region outside their own?**

For regions where no specialized providers exist, an agency outside the region may apply to provide Specialized Services for that region, using funds allocated to the region. However, collaboration with the CSAP in that region is required. The respondent must demonstrate that qualified service providers do not exist within the region and that the proposed services will be accessible to clients of that region.

**What if a region is not able to reach an agreement regarding prioritization and funding allocation, or one or more agencies are uncomfortable with the results of the community planning process?**

If a region does not reach agreement about how to allocate funding at the local level, or an agency feels strongly that the region's decisions are not appropriate, agencies may submit separate funding applications to OCVA. These applications would then be reviewed by OCVA through a competitive process, and OCVA would make decisions regarding funding allocations for the region. These regions would need to conduct another community planning process for the following fiscal year.



## Community Sexual Assault Programs

*February 2005*

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## Community Sexual Assault Programs

*February 2005*

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## Community Sexual Assault Programs

*February 2005*

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## Community Sexual Assault Programs

*February 2005*

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## Community Sexual Assault Programs

February 2005

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